

Drugs in Obstetrics

Group of Drug	Name of Drug	Disease used for	Route	Dose	Remarks
	Aluminium hydroxide	Leg cramps in pregnancy			To reduce phosphorus absorption
Sedation	Vitamin B	Hyperemesis gravidarum			Vit. B1 & 6
		Acroparaesthesia (Tingling sensation in fingers in normal pregnancy)			Vit. B12
		Addisonian pernicious anemia	IV		Vit. B12
	Morphia	Eclampsia	IM	10 -20 mg	
		Severe preeclampsia	IM	10 mg	
	Diazepam	Severe preeclampsia	IV	10 mg	
	Thiopental sodium	Eclampsia			If morphia & diazepam failed
	Calcium	Leg cramps in pregnancy			
	Magnesium	Leg cramps in pregnancy			
	progesterone	In threatened abortion			With evidence of progesterone deficiency
		Recurrent abortion (luteal phase defect)			
	Oxytocin	Induction of labour	IV drip	5 U in 500 cc of glucose 5%	<u>In Hypotonic inertia:</u> <ul style="list-style-type: none"> Started by a rate of 10 drops/min. & adjusted according to response. Should be continued after delivery to guard against atonic PPH & retained placenta.
		Inevitable abortion			
		Incomplete abortion			
		Missed abortion			
		Hypotonic Inertia			
	Ergometrine	Induction of Abortion	IV		Minimize risk of

Drugs in Obstetrics

Antibiotics					perforation & bleeding
		Managment of multifetal pregnancy			It is given after delivery of the 2 nd twin
		Proper managment of 3 rd stage of pregnancy			For prevention of post partum hge.
		Managment of atonic post-partum hge.			It is given before & after delivery of placenta
		Managment of 2ry post-partum hge.			In mild cases
		Managment of puerpural sepsis			Promotion of drainage
	Rovamycin	Treatment of toxoplasmosis			In pregnant female
	Ampicilin	Puerperal Sepsis (until culture & sensivity of vaginal swab is obtained)		500mg/6hrs	
		Puerperal Sepsis (G +ve & some -ve bact.)		500mg/6hrs	
		UTI	Oral	500 mg/ 8 H	
		Pyelonephritis	Oral	500 mg / 6 H	
	Cephalosporin	Puerperal Sepsis (until culture & sensivity of vaginal swab is obtained)		500mg/6hrs	
		Puerperal Sepsis (G +ve & some -ve bact.)		500mg/6hrs	
		UTI			
		Pyelonephritis			

Drugs in Obstetrics

	Septrin	UTI	Oral	2 tab / 12 h.	Not used in 1 st trimester as it is folic acid antagonist
	Gentamycin	Puerperal Sepsis (G -ve bact.)		80mg/8hrs	
	Metronidazole	Puerperal Sepsis(Anaerobes)			
	Spiramycine				
	Pyrimethamine + sulpha				
	Combination	Septic abortion			Ampicillin or cephalosporins+ gentamicin+metronidazole Or Ampicillin then modified according to culture and sensitivity
	Daraprim + sulfa	Habitual abortion caused by Toxoplasmosis			If not pregnant, but if pregnant rovamycin is used
	HCG	Recurrent abortion (luteal phase defect cause)			
	Aspirin	Habitual abortion caused by antiphospholipid antibody		75 mg	Prevent platelet aggregation & thrombosis
Coritcosteroids		Correction of shock	IM		Given to mother to stimulate fetal lung maturity
		Preterm labor			
	Prednisone	Premature rupture of membranes (gestational age 29-33 weeks)		(4 doses) 5mg / 12 h , Cover for 1	

Drugs in Obstetrics

				wk	
	Heparin	In DIC	IV	5000u/12 h	Used only prophylactic
	Warfarin	TTT of pelvic thrombophlebitis			First with heparin & then alone
	Protamine sulphate	Antidote of heparin			
	K1	Cephalhematoma	IM	1mg	
		Intracranial Hge(to newborn)	IM	1mg	
		Intracranial Hge(to mother)		10mg	For prevention
		Antidote of warfarin			
		Preterm labor			Given to mother to improve fetal coagulation system
	Thyroxine	Habitual abortion caused by hypothyroidism			
	methotrexate	Stable tubal ectopic pregnancy Cervical pregnancy			
	Anti D immunoglobulin	Stable ectopic pregnancy Rh negative female			
Fluids Crystalloid Colloid	Glucose	Management of shock	IV drips		Maintain blood volume
		Eclampsia	IV drips	40 gms, 800 cc of glucose 5 %	20 units insulin to prevent hypoglycemia
		Diabetes	IV drips		

Drugs in Obstetrics

	Antihistaminics	Hyperemesis gravidarum			
	Alpha methyl-dopa (aldomet)	Preeclampsia	Oral, IV	2 gms/ day	D.O.C. , full effect after 48 H.
	β blockers	Preeclampsia			
	Alpha-beta blocker (labetalol)	Preeclampsia			
	Nifedipine	Preeclampsia	Oral	10 mg/ 4-8 H.	Should not be given with MgSO ₄
	hydralazine	Severe preeclampsia	IV drips	500 cc of fluid	A bolus of 5 mg is given over 5 min. An repeated every 5 min. Until effect is obtained
Anticonvulsant	Magnesium sulphate	Intracranial Hge	IV	1cc of 50% solution	
		Preterm labor		Initial dose: 4 gm Maintenance dose: adjusted according to response & side effects	

Drugs in Obstetrics

		Severe preeclampsia	(loading dose) Half the dose IV Other half is IM or IV drips	6 – 10 gms	Maintenance dose: 3 – 4 gms/ 4 H. Maximum dose: 24 gms in 24 H.
	Luminal	Intracranial Hge			
	Nacl	Intracranial Hge	Per rectum		
	oxygen	Intracranial Hge			
		Neonatal asphyxia			Small mask or stream in front of mouse or nose or Endotracheal tube especially with: -apnea or apgar<3 -persistant bradycardia < 100 Especially in cyanosed patient and after convulsions
		Amniotic fluid embolism			
		eclampsia			
	Iron	Prevention of Iron deficiency Anemia	Oral tablets	200 mg / once daily	60 – 70 mg of elemental iron
		TTT of Iron deficiency anemia	Oral tablets	200 mg t.d.s after	IV – IM iron is recommended with :

Drugs in Obstetrics

Analgesics				meals	Intolerance to oral route Or if rapid response is required
		Anemia 2 ^{ry} to renal disease			
		Hemolytic anemia			
	Folic Acid	Megaloblastic anemia	Oral tablets	5 – 10 mg t.d.s.	
	Pethidine	Cervical Dystocia			If fails → CS
Anesthesia	Morphine sulphate	Correction of shock	I.V slowly	10 mg	
	Thiopentone	General Anesthesia	Intravenous	0.5-1gm IV	Short duration of action
	Halothane		Inhalation	0.5%	May cause PPH
	lignocaine		Local infiltrate	1%	No risk to mother or fetus
Prostaglandins	Methyl prostaglandins	Management of atonic post-partum hge.	IM Or intramyometrial	0.25 mg	IM : after vaginal delivery Intramyometrial : after CS
	Fibrinogen	Management of atonic post-partum hge.	IV	4-10 gm	For bleeding due to hypofibrinogenemia
Antifibrinolytics	EACA	Management of atonic post-partum hge.	I.V	4-6 gms	For bleeding due to hypofibrinogenemia
	Trazylol	Management of atonic post-partum hge.	I.V	50.000-100.00 Us	
Intestinal antiseptic	Paraffin oil				

Drugs in Obstetrics

	Nalorphine	- Neonatal asphyxia		0.5mg	Into Umbilical cord if asphyxia due to mprphia
	Sodium bicarbonate	Neonatal asphyxia 8.4%			If acidosis developed
	Epinephrine	Neonatal asphyxia	Injected into Umbilical vein or Intra cardiac	Up to 0.5cc	For cardiac resus.
	Ritodrine	Preterm labor	IV drips	50 mg in 500 cc of 5% glucose. Started at adose of 10 drops per minute & increased by 5 drops every 10 minutes until contractions stop or tixicity appears (HR>120/m in.)	The infusion should be continued for 24-48 hours after cessation of contractions; meanwhile oral ritodrine is given simultaneously one tablet (10mg) every 2 hours. The oral ritodrine is given one tablet every 8 hours, the dose may be adjusted according to response & complications.
	Ethanol	Preterm labor			

Anti-prostaglandins	Indomethacin	Preterm labor			
	phenobarbital	Erythroblastosis fetalis (Rh incompatibility)			
Antispasmodics	Atropine	Cervical Dystocia			If fails → CS
Antithyroid	Propyl thiouracil	Thyrotoxicosis with pregnancy			